

IHCP *banner page*

IHCP to mass reprocess or mass adjust claims for outpatient services that denied inappropriately

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects outpatient fee-for-service (FFS) claims for the procedure codes in Table 1 processed from July 11, 2019, through April 23, 2020. Claims or claim details billed for these procedure codes may have denied inappropriately for explanation of benefits (EOB) 4801 – *Procedure code not covered for benefit plan*.

Table 1 – Procedure codes that may have denied inappropriately for claims processed from July 11, 2019, through April 23, 2020

Procedure code	Description
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
J0875	Injection, dalbavancin, 5 mg
J2407	Injection, oritavancin, 10 mg
J2547	Injection, peramivir, 1 mg
J3090	Injection, tedizolid phosphate, 1 mg
J3145	Injection, testosterone undecanoate, 1 mg

The claim-processing system has been corrected. Claims processed during the indicated time frame for the identified procedure codes that denied in full or for line items with EOB 4801 will be mass reprocessed or mass adjusted, as appropriate. Providers should see the reprocessed or adjusted claims on Remittance Advices (RAs) beginning May 27, 2020, with internal control numbers (ICNs)/ Claim IDs that begin with 80 (reprocessed denied claim) or 52 (mass replacements non-check related). For claims that were underpaid, the net difference will be paid and reflected on the RAs.



MORE IN THIS ISSUE

- [IHCP corrects published rates for HCPCS code T4544, and accepts resubmitted claims](#)
- [IHCP webinar to request suggestions for 2020 IHCP Annual Provider Seminar](#)
- [IHCP corrects statement about document affected by coverage of HCPCS code D5999](#)

IHCP corrects published rates for HCPCS code T4544, and accepts resubmitted claims

The Indiana Health Coverage Programs (IHCP) is correcting the usual and customary charge (UCC) rates that IHCP-contracted incontinence vendors should use when submitting fee-for-service (FFS) claims for Healthcare Common Procedure Coding System (HCPCS) code T4544 – *Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each*. Incorrect rates were published in *IHCP Banner Page BR202013*, which announced revised billing guidance for code T4544.

Effective retroactively **May 1, 2020**, IHCP-contracted providers should bill for HCPCS code T4544 using the following corrected UCC rates, for reimbursement consideration. These rates apply retroactively to claims with dates of service (DOS) on or after **February 1, 2020**.

- J&B Medical Supply Company: \$1.05 per unit
- Binson's Home Health Care Centers: \$0.90 per unit

As described in [BR202013](#), claims for code T4544 submitted by IHCP-contracted incontinence vendors no longer require prior authorization (PA). Additionally, the IHCP continues to require FFS Medicaid members to order HCPCS code T4544 from contracted providers J&B Medical and Binson's Home Health Care, as explained in the [Durable and Home Medical Equipment and Supplies](#) provider reference module at in.gov/medicaid/providers. There is no change to existing billing guidance for noncontracted providers of incontinence supplies.

IHCP accepts resubmitted claims billed without attachments

Effective retroactively **February 1, 2020**, claims submitted by IHCP-contracted providers for HCPCS code T4544 no longer require attachments – the manufacturer's suggested retail price (MSRP) document or cost invoice.

The IHCP identified a related claim-processing issue that affects FFS claims billed by J&B Medical and by Binson's Home Health Care for code T4544 with DOS on or after February 1, 2020. Claims billed for this code without attachments may have denied for EOB 4019 – *Attachment required for service rendered. Please verify and resubmit*.

Beginning immediately, contracted providers may resubmit FFS claims for code T4544 that denied for EOB 4019 during the indicated time frame, for reimbursement consideration. Claims resubmitted beyond the original filing limit must include a copy of this banner page as an attachment and must be resubmitted within 180 days of the banner page's publication date.

These changes will be reflected in the next regular update to the *Professional Fee Schedule*, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in *Procedure Codes That Require Attachments*, accessible from the [Code Sets](#) page on the website.



IHCP webinar to request suggestions for 2020 IHCP Annual Provider Seminar

The Indiana Health Coverage Programs (IHCP) is hosting a webinar on Wednesday, May 20, 2020, at 1 p.m. Eastern Time, inviting providers to discuss the upcoming 2020 IHCP Annual Provider Seminar. The objective is to collaborate with providers about ideas for new topics and how to best present them.



Part of the webinar will review past feedback on the 2019 IHCP Annual Provider Seminar, including time for providers to make additional critiques. The rest of the webinar will discuss recommendations for the 2020 annual seminar. Providers are encouraged to contribute suggestions during the webinar, or email them to IHCPlistens@fssa.in.gov.

To participate in Wednesday's webinar, go to <https://indiana.adobeconnect.com/indiana> to sign in. Ensure that Guest is selected, type your name, and click **Enter Room**.

Please note:

- The audio will be voice-over-internet, so participants will need to use speakers or headphones to hear the presentation.
- Prior to the webinar, participants can go to https://indiana.adobeconnect.com/common/help/en/support/meeting_test.htm to test the connection. The test will prompt the user for any updates or add-ins needed to participate in the webinar.
- Do not log in to the webinar using Citrix or a virtual private network (VPN) because these services will not be able to play back audio.
- Download the [Adobe Connect Mobile app](#) if you wish to log in using your mobile device.

For those who cannot attend on May 20, a recording of the webinar will be posted later on the [IHCP Live](#) web page at in.gov/medicaid/providers.

IHCP corrects statement about document affected by coverage of HCPCS code D5999

The Indiana Health Coverage Programs (IHCP) recently published an article in *Banner Page* [BR202015](#) about coverage of HCPCS code D5999 – *Unspecified maxillofacial prosthesis*, effective May 14, 2020.

The article incorrectly stated that this coverage would be reflected in the next regular update to *Dental Services Codes*, available from the [Code Sets](#) page. The correction is that this document is not affected by coverage of dental code D5999 and so will not require an update.



QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from the [Banner Pages](#) page of the IHCP provider website at in.gov/medicaid/providers.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without photos, is available for your convenience.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope or sign up from the [IHCP provider website](#) at in.gov/medicaid/providers.

